



**620 Union Blvd.
Allentown, Pa 18109
610-435-7316 fax**

CREDIT CARD FAX AUTHORIZATION

I _____ HEREBY AUTHORIZE ACTION PARTY RENTALS INC. TO RUN ALL ASSOCIATED RENTAL CHARGES TO THE CREDIT CARD LISTED AND COPIED BELOW. THIS INCLUDES ALL BASE RENTAL CHARGES, PARTS AND MERCHANDISE, OVERTIME HOURS CHARGES, EXTENSIONS OF RENTAL PERIODS, FUEL CHARGES, CUSTOMER CHARGEABLE BREAKDOWN SERVICE CALLS, AND ANY ASSOCIATED DAMAGE CHARGES. THE CARD HOLDER WILL ALSO BE BOUND BY THE TERMS AGREEMENT ON THE RENTAL CONTRACT.

SIGN X _____ PRINT X _____ DATE _____

VI MC AE DI (CIRCLE) C/C# _____ EXP. _____ V-CODE _____

PLEASE SUPPLY COPY OF CREDIT CARD AND CARDHOLDERS DRIVERS LICENSE.

PLACE DRIVERS LICENSE HERE	PLACE FRONT CREDIT CARD HERE
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FULL NAME _____

D/L# _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

PLACE BACK CREDIT CARD HERE

Name of person authorized to sign rental agreement: _____

The person signing the rental agreement will be asked to present a valid drivers license. The information presented will be documented for your protection. **Please fax to above number. Do not Email!**